

CHEMIST & DRUGGIST

the newsweekly for pharmacy

a Benn publication

August 13 1983

**Healthier in
practice: are
the RDCs' lay
members kept
in the dark?**

**PA protest
over health
leaders' advice
concession**

**Two companies
launch OTC
ibuprofen**

**Phenyl parent
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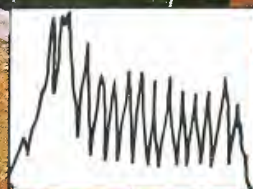
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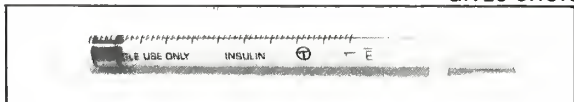
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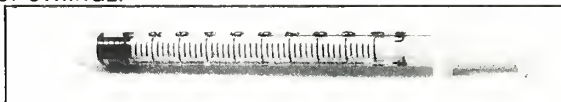
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COMMENT

Clothier anger

Few enough independent community pharmacists find time to write articles about their profession, so when *C&D* received one on lay attitudes to rural dispensing we suspected there was more to it than a desire to "get into print." We were right.

The article by Mr K.C. Sims, a proprietor from Poole, Dorset, is published on pp258-259 of this issue and contains an appraisal of the history of rural dispensing. In particular it reviews changing circumstances among the rural population since the creation of the National Health Service and it should prove invaluable to pharmacist members of rural dispensing committees who find it necessary to "educate" their lay fellow members.

Why does Mr Sims believe such education to be necessary? Simple — our questions revealed that his restrained article masks an angry man, who has recently experienced the indignity of losing face because lay members of his committee were ill-informed and thus blamed inter-professional wrangling on the pharmaceutical side.

The setting for this confrontation was the first post-Clothier meeting of Dorset FPC's subcommittee. Its pharmacist members believed there was to be a "briefing" meeting for the new lay members in advance of the business meeting, but that never materialised. Instead an agenda arrived a few days before the meeting which for the first time told the pharmacists that among the matters for discussion was the transfer of 900 patients to the dispensing lists of three medical practices — a move put forward as a "tidying up operation." Another matter was to be the option forms.

No briefing for the lay members was planned, but Mr Sims says he was promised that they would be given a "preamble," which he assumed would be neutral between the professions. Again,

this did not materialise. The pharmacist members conferred together for the first time some 20 minutes before the meeting, and Mr Sims says they were "totally unprepared for what followed."

First they were shocked to find that the doctors had been dispensing "illegally" for the 900 patients, because Dorset has used option forms for some nine years. Then there was lengthy discussion on the doctors' insistence that one blanket form should be used for the whole family — even though the Clothier Regulations imply that each form must be for an individual and there has been national agreement to that effect. Furthermore, the doctors asked for a list of the names and addresses of those patients who had not returned the option forms within a fortnight — a concession apparently agreed by the administrator.

Not surprisingly the lay members, ignorant of the history behind such disputes and the implications for the pharmaceutical service, were exasperated by these wranglings — and said so.

Mr Sims told *C&D*: "The implications sank in only after the meeting and I was extremely disturbed. I determined to write a background paper to help the lay members of our committee and realised it might be helpful to pharmacists in other areas." *C&D* hopes it will be, and is pleased to offer its space as part of the communications process.

Was it worth it?

The discount chickens have come home to roost. As *C&D* went to press, PSNC had just agreed to a swingeing surcharge on the discount scale (p244). They had no choice. Discounts have suggested to the Government that someone, somewhere, was making too much money. So we have had wholesaler margins cut (and hence service), manufacturers' margins cut (with implications for research and exports) and chemists have gained nothing in the long term (as they were warned). Was it really worth it?

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Discount surcharge hits contractors

Chemist contractors are likely to be subjected to a discount scale "surcharge" over the next two years — starting with a massive extra 4 per cent from now until the end of this year. However, the Pharmaceutical Services Negotiating Committee has avoided chemists having to pay back discounts by April 1, 1984.

PSNC members have "reluctantly" agreed to a four-point package following last week's meeting of their negotiating team with the DHSS. The points are:

□ An amount of £1.4m has been credited to the balance sheet to compensate for drug price changes due to the 2½ per cent cut imposed on the industry by the Government from August 1.

□ The average discount scale is increased from 5.44 per cent to 6.5 per cent for prescriptions dispensed from August 1.

□ New Drug Tariff prices are to be introduced on top generics — the list has not yet been finalised but is expected to number about 15 drugs.

□ A discount surcharge of 4 per cent will be imposed for scripts dispensed between August 1 and December 31, 1983. Any part of the outstanding £53m owed by contractors which is still outstanding at the end of the year will be repaid over the next 19 months (making 24 months in all), probably at a surcharge rate around 1-1½ per cent.

The Minister has refused PSNC's submission that the £15m already retained "on account" for discounts should be returned to the balance sheet to be part of the two-year calculation.

Details of the discount scales are expected to be worked out in time for publication in *C&D* next week.

NAPD rebuffed

The National Association of Pharmaceutical Distributors is considering its next move after an abortive meeting last Friday with John Patten, Parliamentary Under Secretary at the Department of Health.

The meeting had been requested following the Government's decision to lop 2.5 per cent off drug prices.

Mr Oswald Logan, NAPD director, said: "Despite strong representations made by NAPD he (Mr Patten) informed us there was no money available to ameliorate our loss and he rejected all our proffered solutions. He appeared unconcerned with the possible effect on

the distribution system the imposed loss could create. The NAPD is considering its next move."

The NAPD originally put forward four proposals to ease the financial losses facing wholesalers as a result of the cuts (*C&D* August 6, p208).

"We have got to sit down and rethink because we have come up against a brick wall," Mr Logan told *C&D*. "Reading between the lines there is more gloom than light."

NPA attacks health trader concession

Mr Tim Astill, NPA director, has written in strong terms to the Department of Health regarding proposals to permit advice about herbal remedies from "herbalists, natural practitioners or health food retailers who would be given the same scope as the pharmacist for these purposes" (see *C&D* June 4).

"We are frankly astonished," says Mr Astill, "that your Department should suggest exemptions from the strict controls over advertising that would allow completely unqualified persons to give advice on medicinal or quasi-medicinal products. The current regulation 5(2) (a) (ii) requires the pharmacist to exercise judgment in making representations about the items that he sells, and it seems to us obvious that this exemption was decided upon in the light of the pharmacists' extensive and detailed training."

"To seek to extend those exemptions to all retailers (which, we submit, would be the effect of the proposal) would be to expose the public to totally unqualified advice which would undoubtedly often be based on misinformation or unfounded intuitions."

The National Pharmaceutical Association has added its voice to criticism of the Government's enforced 2.5 per cent reduction in drug prices.

A letter is to be sent to the Health Minister supporting the representations made by the Pharmaceutical Services Negotiating Committee and protesting strongly at the lack of consultation with pharmacy contractors. The NPA Board, at its July meeting also decided to press the Department of Health for details of when the promised consultation document on parallel importing would be

available (*C&D* July 30).

A decision by the School of Pharmacy at Strathclyde to establish a community pharmacy, to be used in teaching undergraduates and researching into community pharmacy practice, was given enthusiastic support by the Board. The pharmacy has been offered free NPA membership for its first year of operation.

The NPA will once again be inviting applications for two £500 grants for pharmacists contemplating research into any aspect of community practice pharmacy. Suitable completed papers will be submitted to the Pharmaceutical Society's Council with a view to presentation at the pharmacy practice research session at the British Pharmaceutical Conference.

Board members considered how the value of NPA membership and services could be brought home to members. To help maintain communications it was agreed to continue to hold area working dinners from time to time and to initiate a series of news reports in the form of regular letters to individual members. Board members are to participate in a "teach in" to familiarise themselves with the services offered by Mallinson House. It was felt that this action would help maintain the increase in enthusiasm among members as a result of public relations activity.

Formal notice of a special election in area 7, which stretches from South Coast to South London, will be distributed to members early in September. There had been no nominations for a Board member to represent the area. It had been necessary to amend the Articles of Authorisation to permit the election to take place and the amendment had been approved by the general meeting.

Assistants' certificate

A certificate is to be offered to employee assistants of members who submit satisfactory task sheets on completion of the staff training course. There will be a small charge to cover the cost of this incentive and the cost of assessing completed task sheets.

Among other matters considered were the possibility of offering a range of medicine bottle openers for the elderly who have difficulty with screw caps, approval of a range of computer labellers, continuation of an agreement with Private Patient's Plan for discounts on private medical insurance for NPA members, and the proposed increase in the Society's retention fees.

EEC free movement report to Council

Heads of delegations of the Pharmaceutical Group of the European Community (GPCE) are pressing for it to be Community policy that free movement of pharmacists within the Community should not extend to the purchase or establishment of pharmacies.

Mr W.M. Darling reported to the Pharmaceutical Society's Council this month that he had recently attended a meeting in Brussels of the heads of delegations, to consider representations to the Commission and to the European Parliament concerning resolutions of the Parliament's Legal Affairs Committee.

The discussions had centred on two main areas, Mr Darling said. The first had been resolution no 7, which intended to abolish, at some time in the future, geographical distribution in all member States and to allow unrestricted freedom of establishment. The heads of delegations decided that the national legislation in those member countries with geographical distribution should be maintained; that they totally disagreed with the philosophy of the resolution; and that instead of working towards the abolition of geographical distribution the Commission should continue to take whatever steps were appropriate to obtain geographical distribution in those member States which did not have it.

As a result of that decision, the heads of delegations had also considered the Legal Affairs Committee's amendment no 4 to Article 2 of the draft Directive, which said: "Further, each member State need not recognise these diplomas for the opening of new pharmacies open to the public." Mr Darling reminded Council that the Society's EEC Policy Committee had recommended that it should be made mandatory rather than discretionary.

After discussion, the heads of delegations had agreed to a further amendment to replace the Legal Affairs amendment to the effect that, pending the co-ordination of conditions of practice in member States, the diplomas should not be used for the acquisition of existing pharmacies or the establishment of new pharmacies open to the public by persons or corporate bodies in other member States. That decision had been communicated to the Commission.

More pharmacies

The number of registered pharmacies increased by six to 10,867 in July. England (except London) had a net increase of one with 11 Register additions and ten deletions. London showed a net increase of three. There was no change in Wales, with one addition and one deletion, and Scotland had a net increase of two — five additions and three deletions.



"It's Norman Fowler's lack of vision I'm worried about"

Recognise pharmacists, doctors told

Pharmacists should be recognised by GPs as highly-trained professional persons who have a major contribution to make to the provision of health care, according to Mr K.F. Gallagher, a London pharmacist, and Dr L.I. Zander, a GP and senior lecturer at St. Thomas' Hospital Medical School.

Writing in last week's *British Medical Journal* Mr Gallagher and Dr Zander say that at the same time the pharmacist needs to consider ways to escape from a system that is slowly eroding responsibility, skill and ambition and to develop new ways of realising his full potential.

The writers describe as "inappropriate or at least incomplete" the view that it is the role of the physician to diagnose and prescribe and that of the pharmacist to dispense.

The article notes that one study showed 60 per cent of a random sample of

adults had taken an unprescribed medicine and 40 per cent something prescribed in the two weeks previous to the interview. Another study showed that patients only consult their GP for one of 40 perceived symptoms, many of which are managed by self-medication.

Co-operation between pharmacist and GP could greatly enhance provision of services says the article. For example, with the aid of treatment cards, pharmacists could identify possible drug reactions and tell the doctor when a patient was buying inappropriate OTC medicine.

If close co-operation between pharmacists and GPs is accepted as beneficial there need to be discussions both centrally and locally. And it would be appropriate to establish a liaison group of local practitioners and pharmacists in each district.

Suspended sentence for CD offences

A Keighley pharmacist who became addicted to drugs taken from his own shops was sentenced to nine months' imprisonment, suspended for two years, at Bradford Crown Court recently.

Mr John Buchanan, of Bridgestone Lane, Haworth, admitted four charges of unlawful possession of Controlled Drugs between January and May. Judge Donald Herrod QC warned him that if he appeared before a court again on drugs charges his sentence would be measured in years rather than months.

"The temptation to take drugs is going to be ever present and unless there is considerable motivation, then it goes without saying that you are going to fall foul of the law again," said the judge.

Mr Simon Lawler, prosecuting, said Mr Buchanan was a pharmacist and a man of previous good character. He ran a chain of nine pharmacies in the Keighley and Bradford area. In the early part of this year he was subjected to a number of personal and financial problems and succumbed to the temptation of taking

dangerous drugs from his own shop. There was no suggestion that he had passed any of the drugs to anybody else.

Mr Lawler said the matter came to light when Mr Buchanan was seen by two police officers driving in an erratic manner near Skipton. A breathalyser proved negative but it was apparent he was under the influence of drugs. He was searched and three tablets, two containing a Controlled Drug, were found on him.

Police later found discrepancies when they checked his Controlled Drugs. Mr Buchanan said he had taken the drugs for his own use.

Mr Patrick Robertshaw, acting for Mr Buchanan, said he had frankly admitted the offences which were particularly serious for a man in his position.

Since his arrest he had been receiving hospital treatment and had the motivation to put drugs firmly behind him, said Mr Robertshaw.

Mr Buchanan has pharmacies in Keighley, Skipton, Steeton, Buttershaw, Bradford and Halifax.

Guild seeks 100,000 names on emergency duty petition

The Guild of Hospital Pharmacists' Council has decided to make an all-out effort to gather signatures for the petition on emergency duty payments. At its meeting last week a target was set for 100,000 signatures.

Each district member is to encourage publicity to gain 10,000 signatures per district and a delegation will deliver the petition to the Secretary for Social Services when Parliament reconvenes in the Autumn.

The Secretary of State has refused once more to meet with a joint delegation from the Pharmaceutical Whitley Council, that is with members of both the staff and management sides, to discuss emergency duty payments. Council agreed to continue to press the management side to suggest rates of pay which would reflect the work done.

Scottish reorganisation

Following a meeting of a special General Whitley Council subcommittee to consider NHS Reorganisation in Scotland, it was reported that the target date for implementation was April 1, 1984. In general, it was thought that hospital pharmacists' posts in Scotland would not be affected and they would continue to receive the remuneration currently received.

A questionnaire has been distributed by district members to seek the responsibilities of the new officer posts. The replies would be correlated by the end of August and results available for the next Council meeting in September.

Concern was expressed that Council's working party on grading criteria and career structure had not yet been able to produce a definitive document as information was still being gathered from specialist pharmacies. It was agreed that the findings to date would be presented at the next Council meeting and a paper distributed to the membership for consultation.

Council noted that there was an agreement for Professional and Technical "A" Whitley Council professions in the NHS to receive payment of student training allowances. Following the increased responsibilities laid down by the Pharmaceutical Society for training pre-registration graduates it was agreed that the matter should be investigated with the aim of providing remuneration for pre-registration tutors and supervisors.

Review body omission

Discussion took place on the Prime Minister's recent statement on a Pay Review Body. Hospital pharmacists had not been included in the groups under consideration but it was agreed to hold a full discussion at the next Council meeting

when hopefully more detailed Government proposals would be known.

For some time Guild Council had been pursuing a test case in the High Court in an attempt to obtain retrospection to 1975 of salary increases for grade 4 pharmacists and above. This case has now been dropped on the legal advice that it would be long and expensive with little chance of success.

Generic prescribing

Mr Vilain Fenton-May, professional secretary, reported that a seminar had recently been held on generic prescribing between ASTMS members in industry, the Medical Practitioners Union and the Guild. In principle there was general support for generic prescribing but from a union viewpoint concern had been expressed that a move towards generic prescribing would not be to the benefit of ASTMS members in the long term.

Mr Paul Gurnell reported on behalf of the working party set up to improve recruitment. It was agreed that a draft of the revised recruitment booklet would be prepared for discussion at the November meeting and that consideration would be given to improvement of the Guild's membership application form. Terms of reference would be defined for a national recruitment co-ordinator and each Guild group would be encouraged to appoint a membership secretary. A new draft recruitment letter was approved and it was agreed that a survey regarding recent membership figures compared with potential membership would be presented at the next Council meeting.

Honorary vice-president

Council approved a proposal to bestow the honour of honorary vice-president on Mr William Mott MBE in recognition of his service on Guild Council from 1955-80. He had held the offices of president, vice-president, secretary, treasurer and latterly chairman of the staff side of Pharmaceutical Whitley Council for which he became nationally respected. The Guild now has three honorary vice-presidents, the others being Mr Jack Fish and Mr Preston Robinson.

The Guild/Chelsea College study day workshop is to be repeated on September 16 at Chelsea College, the title being "Research methodology."

The Guild's day conference in conjunction with the presentation of the award winning paper of the 1982 Travenol Fellowship will take place in the Cavendish Conference Centre, London W1 on November 25. It was noted that the Hooper/Travenol prize for the best paper would be increased to £100. Closing date for papers is October 20.

'Severe pressure' on vaccine supplies

Wellcome say that although supplies of typhoid vaccine are "under severe pressure," they are not out of stock.

C&D inquired after a complaint from a Sutton pharmacist claiming he had to turn away patients with prescriptions for the vaccine as none was available.

Wellcome are reasonably confident that they will be able to meet the demand even if some rationing has to be done. New stocks were due to arrive at the company's depots in Crewe and Dartford, on Monday which, it says, should be sufficient until more is available from the blending plant in Beckenham.

Wholesalers contacted by C&D agreed that demand is outstripping supply — one had back orders for 800 or more vials — but they are all doing their best to make sure everybody receives at least part of their order.

A spokesman for Macarthy's thought demand was artificially inflated by pharmacists ordering from more than one wholesaler and repeating the same order several times. He also blamed the popular Press for the excessive demand.

LETTERS

A gentle nudge

It was interesting to read a letter headed struck off for handwriting? (July 23) from a reader in Dudley. One wonders if it will be a mandatory requirement that "dispensing doctors" will be obliged to print their labels by some mechanical method, in the same way that we of the slightly lower order will be required to do. Or will they be sacrosanct?

The mind boggles at the thought of some receptionists playing around with floppy discs and hardware, when they cannot even write a prescription correctly.

In my apprentice days I had to write label after label until it was correct and legible. It is sad to think of a good doctor being "struck off" for a handwriting offence. But a gentle nudge might not come amiss.

A.M. Christopher
Bradford-on-Avon, Wiltshire.

Anti-apathy

May I, through the courtesy of your columns, bring to the attention of fellow pharmacists the results that can be achieved by being less apathetic and taking direct action with their own MPs?

As reported, the Secretary for Social Services, Mr Fowler, has acknowledged in

by Xrayser

No charge

A case of false arrest if ever I heard one. By "arrest" I mean "stop" or "halt" and refer of course to the incredible new ruling to be promulgated shortly under which neither dispensing nor prescribing doctors will be required to collect prescription tax from patients for whom they dispense and personally administer contraceptive caps, sutures, diagnostic agents, anaesthetics, *vaccines* and *injections*.

Talk about loading the dice against us! The answer is in our own hands. Isn't it about time we blew the lid off this tax collection? If the doctors can't be trusted to bother with it, then why should we? Let's sign all the scripts — or better still, get the patients to? Think of the mess the Government would have on their hands trying to confirm signatures. Random checks wouldn't be enough. And anyway, have you ever heard of a prosecution for a false signature? In 20 years I can't. And I read every Statutory Committee report in case I'm in one.

Don't take me too seriously — I'm stirring it of course, because we *have* to be concerned. The effect of the ruling must mean the end to our holding any vaccines or injections in stock. I would suggest PSNC has to go to the Ministry and demand (as hard as they can) all the categories of goods now exempt from tax collection by doctors to be exempt from us as well. No need for parliamentary time-wasting: just an administrative direction to all contractors.

Freedom

Here I am again, harping on the Statutory Committee reports. Just a wee line though. I noticed that one Society inspector, Mr Anthony Jackson, had managed to secure the offer of help from some pharmacy students to clean up a Bristol pharmacy — help which was refused! Nevertheless, it was well done, Mr Jackson, and although you can't comment I'll bet you felt, shall we say . . . frustrated?

I trust I shall never find myself in a position where my premises can be described as "a rubbish bin", or that I should not recognise in good time that "increasing age" was causing me to lose that "head of steam" of my youth, such that I could be warned against posing "a potential hazard to the public". But if I *do* succumb, I hope I will be grateful for — and accept — any help that can be arranged by one of the Society's officers. After all, many of us (not me necessarily)

feel that the inspectors represent an interference in the running of our businesses, so personally I would like to encourage any practical assistance they might attempt. Better luck next time, Mr Jackson.

New secretary

It was good to read the *C&D* interview with Derek Lawson — and to see the wide range of experience and feel the common-sense of the man PSNI have chosen as their new secretary. All in all I don't think I envy him, since his problems are not so very different from ours, with the squeezing out of the little independents either by purchase by other multiples or direct competition from Boots in prime sites.

Like us he hankers for some form of rational distribution — although against the honeypot of health centres this becomes more and more unlikely. But what grabs me is the fact that here we have a man talking about how he sees his job and what he would like to achieve. Daring to imply he will actually have some effect on the thinking which ultimately governs what we become. Splendid man. I wish him well.

Unreal expectations

And after all this I have to ask whether the single ownership of a pharmacy even approaches the state of being satisfactory, let alone being the ideal. When I read letters like the one from "Conscript" last week, moaning about Macarthy's changed terms for the supply of NPA products, I get the sinking feeling that it can't be. Such a letter must be the result of too great an isolation from the reality of life outside.

I don't have an ethical account with Macarthy's either, but feel that if I wanted to have deliveries of NPA products from them — or for that matter from any other franchise holder from whom I did not buy ethicals — then as a matter of common decency I ought to make sure the business I wanted to do with them was *their* profit. It isn't too hard to do a monthly or two-monthly stock check in the same way as for Beechams or Gibbs, thus to calculate a worthwhile single-drop order.

So far, by showing some modest courtesy to the needs of suppliers, I have found them helpful. What a nerve has our poor Conscript to expect prime account treatment when by his own admission he ain't one! He's doing them a *favour*?

the Commons that we as community pharmacists will feel some impact caused by the current decrease in drug costs by the manufacturers.

This admission was in response to a question raised by my MP — Mrs Edwina Currie — who took the action after a telephone conversation with myself. While this cannot guarantee success, the profession has at least got an undertaking from the Minister that a solution will be sought.

The answers to a lot of the problems we encounter are in our own hands. We can only expect to get results if we are prepared to work for them.

M. Everitt,
Gresley, Burton-on-Trent.

Recallunacy

I was most impressed by the point John Clarke made in last week's *C&D* that the important feature of medicine labelling will soon be to emphasise the facility for drug recall rather than patient information. Consequently, after devoting the officially recognised two or three minutes to the problem, I came up with the following proposals.

In future, all medicines should be recalled immediately they have left the manufacturer's premises, thus allowing further checks on the consignment before "true" despatch occurs the following day. This obviously saves the expense and inconvenience of recalling goods which have reached wholesale or retail outlets.

In the event that the occasional doubtful batch of drugs escapes this innovative "dummy run" quality control procedure, a second line of defence exists in that engine-room of pharmaceutical definiteness — the chemist's dispensary. Here the medicine is issued in a child-resistant container which is covered in a multitude of instructions to the patient. Labels urging him to "avoid alcohol", "keep in original container", "do not take with aspirin", "discard after 1 month", "swallow with a hot drink", "keep off the grass", and "put out the cat", together with dosage instructions in computerese and guess-speak.

Since the patient is unable to open the bottle because of the CRC — and really doesn't want to for fear of breaking one of the standing orders — the likelihood is, that by the time a drug recall is in process, the dispensed medicine will still be intact, hidden away in a dry cellar, protected from the light and with a 24-hour guard.

I have recently developed a clumsy ball-point pen which, when attached to the shop vacuum cleaner, gives a fair imitation of machine printing.

However, enough of drug recall and labelling — it is time I returned to my lifetime's work cracking the code used in NHS remuneration. The monthly balance sheet is still hand-written.

Alan Pepler,
Minehead.

£7m relaunch for Macleans with decay-fighting formula

Macleans toothpaste is to be relaunched with £7 million support including a £3m national television campaign expected to start when the product is fully distributed.

New packs and advertising to the consumer and dental profession will communicate the decay-fighting formula of fluoride (as sodium monofluorophosphate) plus "calcium GP" (calcium glycerophosphate). Beecham say that results of a recently completed four-year trial involving 1,000 school children have shown that "the addition of calcium to a simple fluoride formula significantly increased the level of caries reduction."

Beecham say they will continue to promote preventive dental care through a national schools campaign reaching 750,000 UK children between five and seven years old.

The brand, which Beecham say is the second biggest seller in the UK, will be



supported in-store by "a near £4m parade of heavy-weight promotions and trade offers."

The mildmint variant is now a blue paste with an improved spearmint flavour — factors which have increased popularity with children, say Beecham.

The 125ml sizes of both freshmint and mildmint are in easy-to-squeeze laminated tubes. *Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex TW8 9DB.*

Horizon discounts

The Horizon Discovery box from Chefaro which contains the three lines Bareback, Rough Rider and Stimula, is being offered for £17.56 at 17.5 per cent discount. *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge.*

Danish push for Maja baby bottle

A new baby bottle called the Maja from Denmark is being introduced to the chemist trade by Nestminster. The bottle is non colic and unscrews at both ends. A one way rubber diaphragm in one of the ends allows air into the bottle to prevent teat collapse, and helps prevent colic, says the makers.

The bottle, made of polycarbonate, takes standard rubber teats and can be boiled. The cap and valve system are of polypropylene. It has finger graduations for the baby to grasp and a metric measurement scale on the side, up to 250ml. The product is carded for shelf

hanging and is available in four colours — red, blue, green and yellow. Available direct from the distributors, the minimum order is 12 at a wholesale price of £0.95 a unit. The bottle remains at £1.95 in mail order catalogues. *Nestminster Ltd, PO Box 182, London NW2 3QT.*

Sucron is to be supported in the leading women's Press with a £250,000 advertising campaign from September to Christmas. Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ



Product licences for Allergan range

Allergan have received product licences on the following contact lens care products: Hydrocare preserved saline (calcium deposit preventer), licence number 0426/0030; Liquifilm wetting solution, 0426/0031; LC-65 daily contact lens cleaner, 0426/0032; Clean-n-soak, 0426/0033; Total, 0426/0034; Hydrocare boiling and rinsing solution, 0426/0035; cleaning / soaking solution, 0426/0036; and protein remover tablets, 0426/0037.

Licences have thus been obtain for the whole Allergan range with the exception of Contears for which the company has decided not to seek a licence at present.

Allergan say that the contact lens deposit identification programme introduced recently has been accepted with such enthusiasm that they are considering carrying out the analyses in the UK. At present, practitioners who have patients with contact lens deposits which cannot be readily identified or removed may send the lenses to Allergan for examination at their research laboratories in California. The service, available free to contact lens practitioners and manufacturers, takes six to eight weeks.

Two tape-slide presentations — "Concern for lens care" and "Bound protein" — are available for showing to professional audiences. *Allergan Ltd, Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks.*

Jo-ba trial sizes

A small tube of Jo-ba treatment wax — 75g (£0.75) — is now available. The new sized tube is expected to encourage trial use of the product. *Jo-Ba Ltd, Vincent House, Garman Road, London N17 0UR.*

Arocin pack update

Arocin capsules (beta carotene), 40s (£0.99) and 100s (£1.99), are now in red and green packs. The 200 capsule pack (£3.68) is still available but not repackaged. *Modern Health Products Ltd, Davis Road, Chessington, Surrey.*

André Philippe



For the very best in Bubble Bath Gift Packs

Sales Home and Export Ring 01-736 2194/736 2397

71/71b GOWAN AVENUE,
FULHAM SW6 6RJ, LONDON, ENGLAND

Asterix joins the Thermos line-up

Thermos are adding a new character — Asterix — to their range of children's lunch kit and Roughneck flasks.

The company believes there is growing interest in Asterix in the UK. Publishers Hodder and Stoughton are to bring out a series of books designed for younger readers in October.

The launch of the lunch kits (£4.25) and flasks (£1.85) will coincide with the back-to-school period — traditionally a peak selling time for these children's products.

The Asterix products will be packed within an assortment of characters in cartons of twelve. The other characters include two Snoopy designs, Darth



Vader, Miss Petticoat and the Muppets. Alternatively, they are available as twelve Asterix in a carton. *Thermos Ltd, Ongar Road, Brentwood, Essex.*

Irish glucose drink makes UK splash

A carbonated and citrus-flavoured glucose drink manufactured in Ireland is being launched in the UK by Walthlynn Ltd. It is said to cost less than half the price of leading brands on a price per litre basis.

Glucoplus is available in a non-

returnable ¼-litre (£0.23) and 1½-litre (£0.79) PET bottle with a red and gold label. The drink is claimed to have a higher glucose content than other brands, with added vitamin C and no caffeine.

Launched five years ago in Ireland, by the end of the first year the drink had achieved a 22 per cent share of the market say Walthlynn, who estimate the UK health drinks market to be worth more than £100m. *Walthlynn Ltd, 36 Thames Street, Windsor SL4 1PR.*

available. Described as a range of flower and vegetable seeds selected from the cream of international breeders and growers, retail prices range from £0.65 to £0.95.

A consumer competition with first prize of a 16-day Caribbean holiday will be promoted at POS. Display stands, either 2ft or 4ft wide (30 and 48 packet facings respectively), with modular panels are available. *Carters Tested Seeds, Upper Dee Mills, Llangollen, Chwyd LL20 8SD.*

Sowing the seeds of success?

Carters Tested Seeds have extended their Summer flower bulb range from 27 to more than 50 for the 1984 season.

The Summer flower bulb market is a growth area, says the company, who have introduced many of the varieties in economy cases to keep prices down for both retailers and consumers.

Included in the flower bulb range is single showcase loose gladioli and pre-packed flowering gladioli with prices ranging between £0.85 for 10 and £0.79 per pack of dahlias. In all, there are 12 new collections of loose and pre-packed bulbs.

The pre-packed perennial plant range has been doubled and now includes peonies, red hot pokers and day lilies (all £1.09 per pack). "We believe the success of early bulbs such as daffodils and tulips spur people on in the Spring to see what else is available," say Carters. And they believe the market has plenty of potential for the chemist retailer.

"A lot of people, especially the elderly who generally enjoy gardening, pass through chemists and will buy bulbs on impulse."

They point out that following the bad Spring cultivated vegetables will probably be in short supply in shops this Autumn and prices high. Usually this makes the public turn to growing their own, say Carters.

For the more sophisticated customer James Carter International will be

The new 4ft wide double sided free-standing frame



Rite-Diet pack and price update

Rite-Diet soya bran has been re-packaged in a full-colour, 500g carton (£0.80). This doubling of net weight, and the new design, should help to boost sales, say Welfare Foods.

Stocks of the new packs will be available during the next couple of weeks. Any orders outstanding for previous 250g packs will be supplied to the same number of units.

From the middle of August Rite-Diet low protein vanilla cream wafers will be packaged in a lower weight carton of 100g (£0.63). Any orders outstanding for previous 150g packs, will be supplied with the same number of units of 100g. *Welfare Foods (Stockport) Ltd, 63 London Road South, Poynton, Stockport, Cheshire SK12 1LA.*

Ronson care for hair and air

Following the launch of their range of perfumed deodorant bodysprays Ronson Tradam have introduced two hairsprays in two variants — normal and extra hold (250ml, £0.99) and a range of air fresheners (250ml, £0.75).

Contained in a trimline aerosol can the normal spray has metallic brown lettering on a metallic silver background with the reverse colours for the extra hold spray. Air Fresh comes in four variants — lavender, bouquet, English rose and lily of the valley — in a trimline aerosol can with each variant identified by its pack colours. The sprays and air fresheners are packed in shrink wrapped trays of one dozen and are distributed by *Ronson Proprietaries (UK) Ltd, Emperor House, 151 Great Ducie Street, Manchester.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television		C4 Channel 4

Aquafresh 3:	All areas
Bic razors:	All except U
Blue H:	All areas
Cidal soap:	Bt
Germolene cream:	Lc
Hedex:	All except U
Hedex soluble:	All except U
Jaaps health salt:	Sc
Limara bodyspray:	All except U, We, B, E, CI
Lucozade:	All areas
Oil of Ulay:	All areas
Optrex lotion and drops:	All areas
Pampers disposable nappies:	All areas
Phensic:	All areas
Sensodyne toothpaste:	All areas
Tri-ac:	All except M, WW

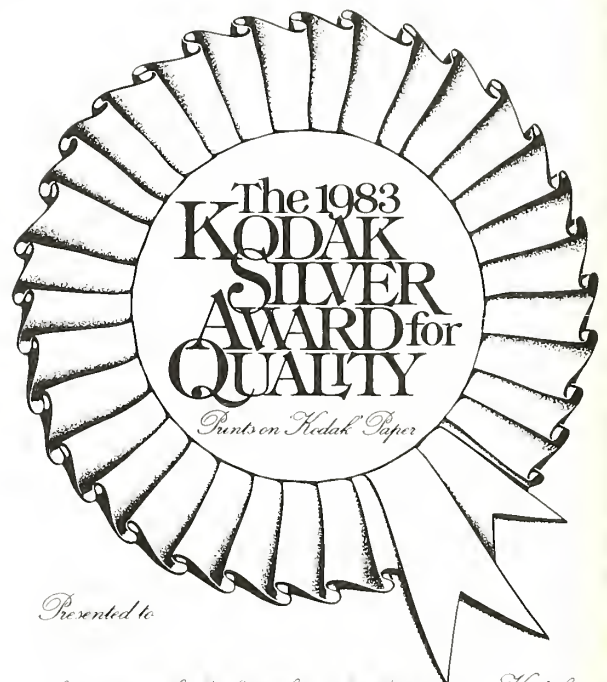
Silver sterlin

A shocking May and a sizzling June, and it's not only the weather which is getting hotter!

Competition is mounting for photo-finishing's highest accolade, the Kodak Gold Award for Quality which we expect to award next month.

We are pleased to announce two more laboratories who are well on their way to this honour, by winning Kodak Silver Awards in June.

The Silver Award Winners
Colorama Processing Laboratories Ltd., London.
Pro-Am (Laughtons Photographs Ltd.), Poynton.
Our warmest congratulations on



Presented to

for consistently high quality photo-finishing on Kodak materials during

G. V. Cragg

G. V. Cragg, Fisher Sales Manager
Consumer and Professional Markets

R. A. Leeks

R. A. Leeks
Director of Marketing



Kodak and Minolta
are trademarks

The competition is open to all independent photo-finishers who use Kodak film, paper and formulated chemicals.

achieving the Kodak Point Standard for two consecutive months.

Table of Merit, June 1983

The Table of Merit for quality photo-finishing using 'Kodak' products during June 1983 is:-

Anglia Photo Works, Cambridge.
Colorama Processing Laboratories Ltd., London.

s for g work



S. H. Shayler Ltd., Oxford.
R. H. Williams, Haverfordwest.

The Kodak Awards for Quality

The competition is open to all independent photofinishers who use Kodak 'Ektacolor' Paper and formulated Chemicals.

Kodak and its subsidiary companies are excluded.

All photofinishers who regularly and continuously return full sets of quality monitoring strips to the Kodak Monitoring Service are automatically included in the scheme which runs from April to December 1983.

blourcare International, Downton.
blourhouse, Scunthorpe.
rest Photographic Co., London.
unwick Processing Laboratories
d., Borehamwood.
o-Am (Laughtons Photographs
d.), Poynton.

Smile. It's on 'Kodak' paper.



Kodak and Ektacolor are trade marks

Ibuprofen OTC: the race is on for counter space

Barely a fortnight after Medicines Act legislation allowing pharmacists to sell ibuprofen over the counter, two companies have launched brands in a bid to make early inroads. Crookes, the OTC arm of Boots, have beaten International Laboratories by only a few days.

The first OTC ibuprofen product is available in pharmacies next week. Nurofen is to be marketed by Crookes Products as an analgesic for a wide variety of indications and is, they say, the first OTC analgesic without aspirin or paracetamol. Each white sugar coated tablet contains ibuprofen 200mg, over-printed Nurofen on one side.

Available in Boots branches from August 15, a free introductory mailing containing a display outer of a dozen Nurofen 12s, £0.55 (in blister packaging), a letter from Crookes explaining company policy and a guide for pharmacists, "Nurofen — a breakthrough in pain", will be dispatched to independent pharmacies between August 12-19, the company says. It will be available from wholesalers on August 22. Nurofen 24s (£1.05) are also packed 12 to an outer.

Crookes representatives begin their sell-in on August 15 and will have display stands, showcards, shelf-edge barkers and a product guide for counter staff available on request.

All promotional materials, including the two guides, carry the Nurofen colour

Nurofen — the first OTC ibuprofen product — launched this week by Crookes Products in packs of 12 and 24, 200mg tablets (£0.55, £1.05) and display outers of 12. The colour scheme is extended through all promotional and display material, as well as on the guides for pharmacists and counter staff.

scheme to complement the advertising campaign. The launch budget of £2m includes a "heavyweight" television campaign of 30-second spots, and Press advertising commencing in early September.

Pharmacists' opportunity

Crookes say Nurofen is the first really new OTC analgesic for 25 years and see the product as a very important opportunity for the pharmacist to re-establish himself in the £63m analgesic market with the "first major product to have gone POM to P". Ibuprofen can be sold OTC by pharmacies only for rheumatic and muscular pain, backache, neuralgia, migraine, headache, dysmenorrhoea, feverishness, and symptoms of colds and influenza. The maximum single dose is 400mg (two tablets) and the maximum daily dose is 1,200mg. Use is not recommended for children under 12.

Pack copy says Nurofen relieves pain, reduces inflammation and lowers temperature.

Ibuprofen was discovered by Boots

Research and first marketed in 1969.

Originally prescribed principally for rheumatism, arthritis and allied complaints, more recently ibuprofen has been extended by clinicians to include the additional treatments listed in the amendment order changing the licence. "The outstanding record of effectiveness and safety demonstrated by ibuprofen has persuaded responsible authorities to grant a licence for OTC use under pharmacists' supervision," the company says.

Crookes say the pharmacist is responsible for proposing ibuprofen for the indications he feels are most appropriate. For the public there will be leaflets available at point of sale and on-pack information to guide them.

The pharmacist's guide includes previously unpublished scientific data and sections on pharmacology and mode of action, absorption and excretion, safety, counter prescribing information and a clinician's view. A team of medical and research personnel will give lectures and seminars to groups of community pharmacists later in the year. Additional consumer advice will be given in leaflets and booklets.

The guide for counter staff is not intended to encourage their recommendation of a Pharmacy only line, say Crookes, but to widen their understanding.

Ethical and responsible

Crookes research project leader, Professor Stuart Adams, says he believes Crookes are presenting Nurofen to the profession in an ethical and responsible way. "The product first suggested itself as suitable for making the transition from POM to P. The drug made its own place in the market place," he says. The process of effecting the licence change began in 1978.

If pharmacists do not give the product adequate support Professor Adams believes other companies might be deterred from making a similar effort. "It took a lot of effort to convince the CSM that the move from POM to P was right and justified," he says.

Group product manager Richard Owens predicts the analgesic market will be very competitive this Winter with Nurofen fitting into the trend towards maximum strength preparations. "Nurofen will not necessarily expand the market but will establish a place for a Pharmacy only analgesic," he says.

To date 20,000m tablets of Brufen have been made worldwide. Crookes say there have been no recorded deaths from overdosage in children or adults in any part of the world. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham.*



PERFORMANCE WISE...

Lotussin gives effective relief for persistent, dry or irritating coughs.



PRICE WISE...

Lotussin is attractive to the customer at £1.29 per 100 ml pack.



£1.29

PROFIT WISE...

Lotussin is competitive, especially with Searle's special bonus terms.



PHARMACY WISE...

Lotussin is exclusive to family chemists and backed by Searle service to the retail pharmacy.



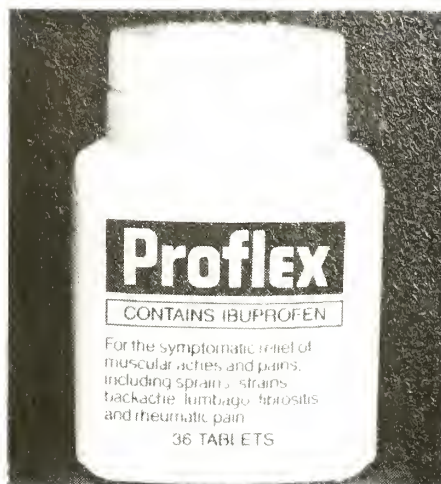
£1½m Press campaign for Proflex

International Laboratories are launching ibuprofen for the treatment of backache, muscular and rheumatic pain. Free packs of the Proflex tablets (pink, film coated containing 200mg ibuprofen) are to be mailed to all independent UK pharmacies commencing August 15, together with a letter setting out company policy and a reply-paid order form.

Proflex tablets are packed in 12s (£0.98) and 36s (£2.40), in white plastic pots with child-proof closures and supplied in dozens shrink-wrapped with a single pack crowner. The launch is to be backed by a six month, £1½m Press advertising campaign beginning on Sunday, August 21. With the copy line "Dramatic news for backpain sufferers", the advertisements in the Sunday nationals will be followed each day of the week with six different ones in national dailies. Managing director Raymond Bellm says the Proflex advertisements should be seen by 70 per cent of the population 32 times.

This week an information sheet "Ibuprofen — change of status from POM to P", is being mailed to pharmacists and their staff. GPs will receive a loose insert detailing the launch in the medical Press next week.

Proflex will be available via wholesalers from August 22. Introductory discounts of 15 per cent on orders of one to six dozen, and 20 per cent for seven dozen and over can be obtained from the company. In Northern Ireland the product is not available direct from the company — other than the initial mailing of two small and one large pack — so an "attractive bonus" will be on offer from wholesalers in the province. The POM to P transition is an opportunity for the pharmacist to compete against grocery outlets with an effective preparation, Mr Bellm says. He has decided not to compete "head on" with analgesics, but to market Proflex for backache, muscular and rheumatic pain — the indications the pharmacist more readily identifies for ibuprofen because of prescription experience.



Proflex is available in 12s (£0.98) and 36s (£2.40)

Mr Bellm says 43 per cent of people with backache do not treat it, while 16 per cent consult the chemist and the remainder visit their GP. "In ibuprofen the chemist now has a more effective OTC tool to offer customers for these indications and, in this case, a product from a private company."

International Laboratories estimate that 20 per cent of the analgesics market (worth £70m including cold and influenza preparations) comprises back-pain sufferers. Rubefaciants, etc take another £4½m. A company survey shows that 13 per cent of people would switch from their doctor to their chemist if they thought he had an effective treatment to offer. Of the sample 19 per cent said they would visit the chemist anyway, for treatment for backache and related problems, if they thought he could sell them effective products for their complaint.

A single pack crowner has been produced as the only POS aid because of the difficulties involved in displaying Pharmacy only products.

Sales director, Chris Banks, who with technical director David Merrington, has largely been responsible for getting Proflex on the market says: "This is a historical occasion. If pharmacists don't take this opportunity, they won't take the next one presented by a product going POM to P either." *International Laboratories Ltd, Wilsom Road, Alton, Hants.*

THE WISE CHOICE FOR FAMILY COUGHS

COUNTER PRESCRIBE WITH  CONFIDENCE

Lotussin

SEARLE

Searle Consumer Products Division of G D Searle & Co Ltd PO Box 53 Lane End Road High Wycombe Bucks HP12 4HL Lotussin and Searle are registered trade marks



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No. 1 in
cold care

Convenient
modern form

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with Decongestant

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Announcing a major
new entry in the cold
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success:

Added sales!

Added market
share!

Increased
market size!

**This Winter,
£1m on TV
Nationwide**



**ON TOP OF SALES.
STOCK UP NOW!**

COUNTERPOINTS

Sassoon plugs into appliances market

A range of hair and body care appliances under the Vidal Sassoon name is to be introduced to the UK market in September. Manufactured and distributed under licence by Melcham — a recently formed company run by former Moulinex executives David Ham and Paul Clementis — the products are promised "very substantial" advertising and promotional support.

Major electrical retailers have already been approached regarding the range, and David Ham says the response has been very encouraging.

"The strength of the Vidal Sassoon name helps to give the range a stylish and innovative appeal," he explains.

Melcham, who see the independent pharmacist as an important outlet for the range, are currently in the process of putting together a salesforce. *Melcham Ltd, Fairfax House, Fulwood Place, London WC2.*

More lotion for Noir

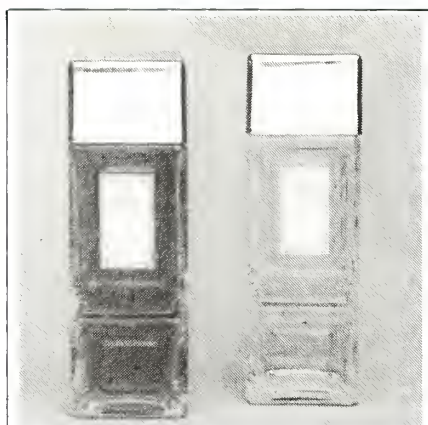
Noir pre-electric lotion (65ml, £5.95) is being added to the existing Noir fragrance range. The lotion is said to lubricate and moisturise the skin prior to shaving so reducing skin irritation and making for a better cutting action from the razor. *Beaute Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*

Cherry flavour to please the kids

Halls have launched Cherrols, cherry flavoured medicated sweets retailing at £0.16.

Although cherry is not a traditional medicated sweet flavour, Halls say it is popular with children and accounts for around 18 per cent of all medicated confectionary sales.

There is an introductory bonus of 25p-off each display outer of 36 which in turn carries a 10p-off-next-purchase coupon. *Hall Brothers (Whitefield) Ltd, Duncans Lane, Radcliffe, Manchester.*



Classic bottle bubble bath and Classic bottle cologne (both 115ml, £0.95) are now available from Andre Philippe. The products come in rectangular bottles with a gold plated cap and a gold and white label. Andre Philippe Ltd, 71 Gowan Avenue, London SW6 6RJ

'Resilient' nail care

Maxi endless shine enamel (£1.40), a quick drying, peel and chip resistant polish, represents a breakthrough in nail care, claim Max Factor.

The enamel's resilient finish is due to the acrylic polymer formula, they say. Soft lustre lipstick (£1.60) complements the nail polish, both of which are available in 18 shades. *Max Factor Ltd, PO Box 7, Wallisdown Road, Bournemouth BH11 8PL.*

A Supersoft Summer

From mid-August, a Supersoft Summer promotion across all variants offers 25 per cent extra contents on the 150ml size of shampoo and an extra 20 per cent on the 200ml size of hairspray. *Reckitt & Colman, Dansom Lane, Hull HU8 7DS.*

Flannel trio

Jackel have added three new designs to their range of face cloths (£0.29-£0.35). Discounts of up to 15 per cent are available on bulk purchases of the green, white and yellow face cloths. *Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG.*

Gold Cap SMA baby milk in 900g can

A 900g can of Gold Cap SMA baby milk (£3.08) has been introduced. Research shows that 62 per cent of all purchases of milk are for two or more packs at a time — the standard Gold Cap SMA pack being 450g. The can is the first to carry the updated Wyeth livery. A yellow polythene lid is supplied to keep the powder dry once the ring-pull can is open. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks.*

Free L'Homme talc

From September 1, a free 100g L'Homme talcum powder (£4.25) is being offered to consumers spending £10 or more on L'Homme products, while stocks last. POS material is available. *Bergal Ltd, PO Box 209, 3 Rhodes Way, Watford, Herts WD2 4QE.*

PRESCRIPTION SPECIALITIES

Noctec capsules

Noctec capsules batch numbers 3H659 and 3H660, currently being distributed, do not bear the usual "Squibb" and "626" markings, and are a slightly different, more pointed, shape. Additional batches of unmarked capsules will be distributed in due course, but batch numbers are at present unknown. *E.R. Squibb & Sons Ltd, Reeds Lane, Moreton, Merseyside L46 1QW.*

■ To ensure integrity of their Steriflex range of solutions for intravenous infusion are maintained during transit and storage, Boots Hospital Products are enclosing each unit of solution in the Multivac outer envelope. This will replace the existing PVC outer. *Boots Company Ltd, Thane Road, Nottingham NG2 3AA.*

CHEMEX'83

THE RETAIL CHEMIST EXHIBITION

The Cunard International Hotel, London W6 11-13 September 1983.

INFORMATION and ADMISSION TICKETS from:

TRADES EXHIBITIONS LTD, Exhibition House, Spring St, London W2 3RB. Tel: 01-262 2886.

TRIED AND TESTED ETHICAL GOES OVER THE COUNTER

Here indeed, is a breakthrough in the relief of pain that every pharmacist will welcome.

For more than fourteen years, Ibuprofen has been prescribed worldwide. It has been the drug of choice by many doctors for chronic rheumatic conditions and a variety of other painful conditions. It has been proved to be successful in the treatment of headache, migraine, period pain and dental pain. Its safety record is unrivalled. Its efficacy undisputed.

Now, because of its proven reliability, Ibuprofen, under the brand name NUROFEN, has been granted a license for sale over the counter in pharmacies only.

Approved indications include HEADACHE, MIGRAINE, COLDS AND FLU SYMPTOMS, PERIOD PAIN, RHEUMATIC AND MUSCULAR PAIN, BACKACHE, DENTAL PAIN.

NUROFEN is a highly efficient analgesic gentler on the stomach than aspirin, and more effective in reducing inflammation than paracetamol.

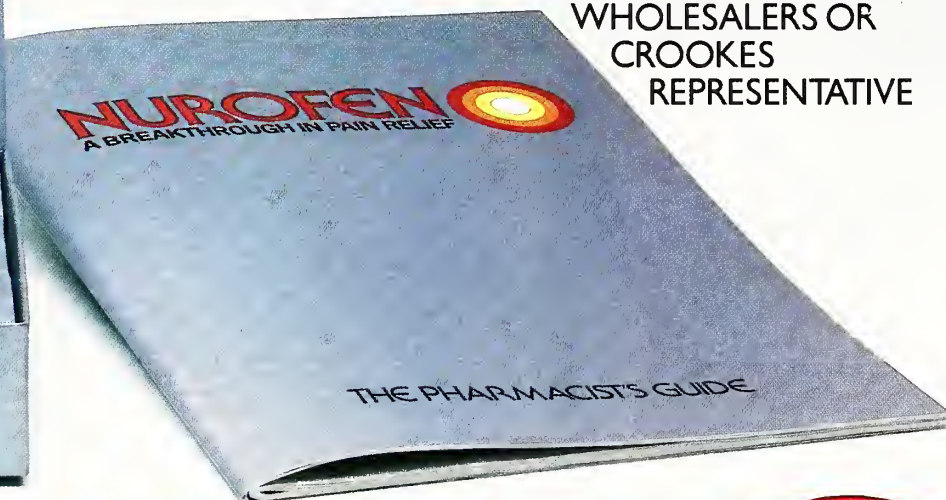
- * THERE'LL BE A £1.4 Million Television Launch
- * National Press and Television Editorial Coverage
- * Superb packaging

AND FOR YOU THROUGH THE POST

- * 1. A FREE OUTER OF A DOZEN PACKS OF 12 NUROFEN
- * 2. A COMPREHENSIVE MANUAL SUMMARISING FOR THE PHARMACIST
 - * a. THE HISTORY OF IBUPROFEN
 - * b. THE PHARMACOLOGICAL EVIDENCE OF SUPERIORITY
 - * c. THE CLINICAL EVIDENCE OF SUPERIORITY

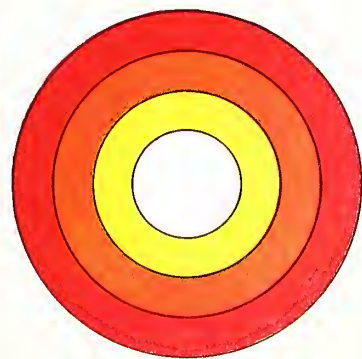
IT ALL ADDS UP TO THE MOST IMPORTANT OTC ANALGESIC LAUNCH FOR 25 YEARS

STOCKS AVAILABLE FROM YOUR WHOLESALE OR CROOKES REPRESENTATIVE



NUROFEN

A BREAKTHROUGH IN PAIN RELIEF



Pharmacy in rural areas — doctors upset the balance?

K.C. Sims, MPS, Poole, Dorset

As a member of the Dorset dispensing subcommittee I recently attended its first post-Clothier meeting. It became apparent that lay members were not wholly familiar with the background to the dispute between dispensing doctors and pharmacists. I hope this article will give an understanding of the pharmacists' point of view and their alarm as they see vital patient safeguards and services threatened, or wiped out by the peculiarities of a system which needs urgent amendment.

As most people know, the normal arrangement in the NHS is for doctors to diagnose and prescribe, and for chemists to dispense the medicines ordered.

This leaves the doctor free to do the job he has trained for and puts into the hands of the expert in drugs, the pharmacist, the responsibility of seeing that products prescribed have been properly stored, correctly dispensed, and the instructions for use are clearly understood by the patient. And not merely that. It is his duty to check the doses are right, and if side effects for single drugs or combinations of drugs are likely to occur, then the patient — or the doctor — is advised of them. The pharmacist provides both doctor and patient with an independent and immensely valuable safeguard against inadvertent prescription or therapeutic error.

However, when the NHS was set up, doctors in areas too sparsely populated to support a pharmacy, could be required to provide a dispensing service for their patients. Because their patients were widely scattered and few in number, the income from dispensing was important to them. These practices were described as being in rural areas. In 1948 the people they served were largely engaged in agriculture. Few, about 7 per cent, owned cars, while only one dwelling in ten had a telephone. Today, from British Telecom we learn that of the 243,000 dwellings in Dorset, 198,908 were on the phone in March this year. Similarly with cars. The British Road Federation figures show that in the South West there are 421 vehicles per 1,000 population (nationally 364 per 1,000); that 68 per cent of households own one car and 19 per cent own two or more. In 30 years agriculture has been transformed, and personal transport taken for granted as a prerequisite to

country life. In addition the influx of former city dwellers has so raised the rural population that extensive redrawing of electoral boundaries has been necessary. Former farm cottages have become sought-after homes, while attractive housing developments abut most villages. Yet despite the increase in mobility, communication and population, rural pharmacies are closing or are threatened . . . Why?

Dispensing rights

In the first place, the definition of "rural area" has never been laid down. In the second, some doctors claim the obligation to dispense for rural NHS patients as a right, and are using the rules set up in 1948 to claim dispensing rights for all patients who live further than a mile from a pharmacy in any area designated rural, even though their surgeries (and dispensaries) are adjacent to an existing pharmacy. It doesn't seem to matter that the conditions which made it acceptable then have lost all validity. Yet in Northern Ireland, for example, when a pharmacy opens in a rural area, it is automatically granted dispensing rights for all patients within a radius of two miles and within half a mile of connecting bus routes.

The reason doctors today are so anxious to provide a duplicate service is primarily financial. It can be phenomenally profitable for them.

Payments made to pharmacist contractors include an allowance for the rent, rates, light etc for that part of the premises used for dispensing, as well as salaries for the pharmacist and staff engaged in dispensing.

The doctor who sets up dispensing arrangements gets a similar payment *in addition* to his existing NHS salary, even though all his overheads are already paid

for in his practice allowance.

So it's an attractive sideline. The more so as he does not have to employ a pharmacist, nor even a trained dispenser, though if he did he would be legitimately able to claim back 70 per cent of the salary on his prescribing practice costs. So those parts of pharmacy payments covering overheads and total dispensing salaries become, for the doctor, pure profit. Gross profit = net profit. Consider: a small dispensing practice, say 1,500 items, would generate a monthly value of some £6,000 to give a gross profit of 15 per cent. Work it out.

The difference

Working from this gross figure, from which he pays his allowed overheads and labour costs, the pharmacist is allowed by the DHSS to retain a net profit of 3.6 per cent for his professional services. There is the difference! Not only that. There is no requirement for the doctor personally to supervise the dispensing or check what is given out. There is no need to write a script before the item is dispensed. And there are no Government checks of any kind to ensure the patient actually gets what is paid for on prescriptions. Even if there were safeguards to patient or exchequer it would be a licence to print money. Without them it is a scandal. If proof were needed for this unbelievable situation it was given recently by the DHSS, when they said they: ". . . were unable to institute checks on doctor dispensing . . . because there were no prescriptions." In other words, patients are being given medicines even before prescriptions are written — frequently by staff with little or no pharmaceutical training. On par with receptionists.

Hidden profit

Even more interesting than the £10,000-£20,000 picked up this way is the hidden profit yielded by drug discounting. With the breakdown of price maintenance, suppliers are today offering anything from 3-10 per cent discount. Without labouring the point this "gain" is snatched back from chemists by the DHSS. Doctors are allowed to keep it and so net a minimum of £3.5m per annum extra from a £65 million turnover. Is it to be wondered that doctor dispensed scripts have risen from 10,399,207 in the year 1973-74, to 17,651,440 in 1981-82? The effect on rural pharmacy has been profound and if continued will cause serious loss to the community.

Apart from the actual cost of drugs (complete with hidden profit) dispensing doctors will argue it does *not* cost the

government anything for this duplicated service, since the on-cost and dispensing fees are paid for out of the global sum allocated for medical services. And it's true. It currently costs every non-dispensing practitioner nearly £1,500 per annum to support their colleagues. But because a doctor's pension is based on his NHS earnings, which will include dispensing income, there is a significant extra charge to the community.

Doctor's best friend

At a time when there is national disquiet at the way the patient is dealt with by the group practice system, and an even greater disquiet at the effects of the powerful drugs now available, the continued availability of the pharmacist would appear to be essential. There is nothing wrong with the drugs, but the system pressed on the doctors by the NHS virtually precludes the time needed by him to monitor their idiosyncratic effects. The pharmacist is uniquely able to identify them and should be recognised as an invaluable part of the NHS scheme, not just in the narrow field of dispensing but as an adviser in his own right, and the doctor's best friend in terms of drug knowledge . . . and patient problem feedback.

Under Clothier, patients who want their doctor to dispense for them now



Mr Keith Taylor, MPS, of Harrison-Parkinson, Sunbridge Road, Bradford, receives £500 worth of Thomas Cook holiday vouchers from Lindsey Duncan, Sanatogen brand manager. Mr Taylor heard he had won the Sanatogen Spring merchandiser display competition on his return from a holiday in Greece. Fisons Ltd Pharmaceutical Division, 12 Derby Road, Loughborough, Leics LE11 0BB

have to request him, in writing, to do so. Apart from exceptional circumstances the only reasons why they should are:

1. Lack of information (which is the pharmacists' own fault).
2. Convenience.

But if country pharmacists are to be reduced to dispensing only for the people who live within a radius of a mile of their shops, when in the past they could expect to draw from perhaps a 5-10 mile circle, they shall disappear. For these reasons pharmacists view the option forms as

central to their survival. That doctors should hold them seems hardly right. Currently the regulations allow doctors to dispense in areas well served by pharmacy, up to the edges of towns and cities, and into dormitory suburbs. The incentives are overwhelming. As are the dangers. ■

I am grateful for the help given by PSNC who have provided both figures and encouragement.

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Commissioning of corporate identity scheme to proceed

The Pharmaceutical Society's Council is to proceed with commissioning a corporate identity scheme for pharmacy. The matter was left in abeyance at the Council's June meeting pending clarification of whether a corporate symbol could be protected in law. It has now been established that it could be protected under copyright law.

At the June meeting, Council discussed a working group's recommendations that the corporate identity design should be available for use in all pharmacies; that a corporate identity symbol should be available for display on retail pharmacies registered under the Medicines Act 1968, and hospital pharmaceutical departments; and that the symbol should also be available for use in pharmacies on medicines labels, letterheads and dispensing bags and pharmacists' identification badges. The working party also recommended that the symbol should not be used by the Pharmaceutical Society itself.

While the Council agreed to that last recommendation in June, it reversed the decision at its August meeting and agreed that the symbol should be used by the Society on its notepaper, publications and "its various other transactions."

Council has already received ideas for the scheme from three qualified designers specialising in corporate identity, but it has yet to select the one to be used.

When the matter was debated last week Mrs M. Rawlings said that if Council decided it wanted a system of corporate identity, it should accept that it would be used on all facets of the pharmaceutical profession, including the Society's notepaper. She moved: "That the logo be used by the Society on its notepaper, its publications and its various other transactions."

Mr G. Walker pointed out that the original intention had been to provide a symbol to identify pharmacies for the public, not to design a house-style for the profession. The vice-president, Dr D. Maddock, was concerned that they seemed to be moving to a position where the Society would have a logo available for use on premises belonging to people who were not the Society's members. Only pharmacists who were sole owners were related to the Society; the other three-quarters were corporate bodies. Confusion was bound to arise.

Mr W.M. Darling said that when Council had decided to exclude the logo from the Society's letter heading, it had done so on the grounds of cost. Mr P.

Hunt did not think that something sufficiently striking to gain attention in High Streets was appropriate for use on stationery and the various other facets within headquarters.

Mr D. Sharpe said that the three designs had taken account of the wide disparity of use to which they might be put and none of them had been strident. All were adequate for carrier bags, fascias and the Society's notepaper publications.

Mrs L. Stone thought that one of the reasons Council had decided not to use the logo for headquarters was because it did not wish headquarters to be associated with retail premises and because there was no way they could restrict a symbol to approved community pharmacies.

Mr A. Smith thought that the cost of applying the logo to headquarters had been a minor consideration. Council had decided not to use the logo for headquarters because it would be used as a trading symbol, like a barber's pole, and it did not want to be associated with it. He could not rationalise that decision at all.

Mrs Puxon suggested that the symbol could become a source of pride to pharmacists and thus elevate standards. The motion was carried by 12 votes to five.

It was agreed that the logo should be selected at the October Council meeting.

Use of 'chemist'

Council has re-affirmed its policy on the use of the title "chemist," and is to encourage pharmacists and owners of community pharmacies to use the terms "pharmacist" and "pharmacy" instead. Council has also agreed that it is not prepared to relinquish the protection afforded to the title "chemist" under the Medicines Act 1968 until suitable legislation has been implemented.

Council made those decisions on the recommendation of the Legislation Committee, which had given further consideration to the document entitled "Chemists and pharmacists" prepared by the Royal Society of Chemistry. Council also agreed that a letter expressing those views should be sent to the Royal Society of Chemistry.

Action on 28 day month

The Society is to take further action to seek the adoption of 28 days as the standard for a month's supply on prescription.

The community pharmacy sub-committee of the Practice Committee was

reminded that the industry was being encouraged to standardise monthly treatment packs to a 28 day course and other treatment packs in multiples of seven. It was suggested that an approach should also be made to Family Practitioner Committees to encourage GPs to adopt a 28-day standard, to encourage them to use the box on the prescription form indicating the number of days' treatment and to emphasise the need for dosages on prescriptions.

After discussion, it was suggested that it would be more effective to approach FPCs through Local Pharmaceutical Committees. Council agreed that a letter should be sent to the Pharmaceutical Services Negotiating Committee requesting it to write to LPC secretaries in an attempt to implement that policy. A similar approach would be made in Scotland.

Patient confidence

The Society is to emphasise to the British Pharmacopoeia Commission that if its proposals for amending the BP Formulary go ahead, then patients must be able to retain confidence in the quality, safety and efficacy of their medicines. That view will be included in the Society's response to the Commission's recent consultative document, in which the introduction of dual format monographs is proposed.

The Science Committee accepted that flexibility was required if preparations were to be manufactured to a product licence, but felt strongly that colour, taste and compatibility should be maintained. On the Committee's recommendation, Council agreed the Society should emphasise that the patient's confidence can only be achieved and maintained where there is uniformity in the physical and organoleptic characteristics of preparations which purport to comply with the same official specification.

The Society will also point out that under the new proposals it will be possible for liquid preparations with the same BP title to have different preservatives, stabilisers, vehicles or solvents. If such preparations were mixed there could be physicochemical effects or changes in anti-microbial effectiveness. The Society will also suggest that preparations which differ from the extemporaneous formulation should be labelled by the manufacturer with details of additional or alternative preservatives, colours, flavours or other constituents, and details of appropriate diluents.

More control on animal POMs

The Society is to seek a greater control on the administration of prescription only medicines to animals by incorporation in feeding stuffs.

The Legislation Committee had considered a proposed Medicines Act Order which would amend Section 40 (1) to make it clear that animal feeding stuffs containing a POM could only be sold or supplied if the POM had been incorporated in feeding stuff in accordance with a veterinary prescription.

The Committee was concerned that the proposed changes to Section 40 were minor since amendments to that section had been under consultation for at least five years, it was agreed that Council should pursue a major change in the section and that positive action was required, bearing in mind the support of both the veterinary profession and the trade in general. Council agreed that a letter be sent to the Ministry of Agriculture.

Manufacture by NHS patients

The Society is to criticise two proposed exemptions in a draft Department of Health circular on the control of manufacture within the NHS.

The circular describes a draft policy to apply to all NHS hospital manufacturing units, but says that manufacturing in the context of the circular excludes, *inter alia*, dressing packs assembled by patients and work carried out in occupational therapy and physiotherapy departments.

The Hospital Pharmacists Group Committee felt that excluding the assembly of dressing packs could mean they were not subject to quality control. The Committee felt that broken packs should always be subject to quality control, although others need not necessarily have to be provided with an adequate terminal sterilisation process. The Committee felt there was no reason why dressing packs assembled by patients should be treated differently from those assembled by other means. While the Committee appreciated the benefits of occupational therapy and physiotherapy it was felt inappropriate for medicinal products to be included in that sort of work. Council agreed that a letter containing those views should be sent to the Department's chief pharmacist, Dr B. A. Wills.

□ The Society is to inform the Royal College of Nursing that it is prepared to join in discussions on a proposal for the use by rheumatic and arthritic patients of a card which could be presented to the pharmacist to indicate that the patient did not wish to receive child-resistant containers.

That decision arose after discussion of a letter from the RCN rheumatology forum working party, suggesting that consideration be given to special containers and caps for elderly and arthritic patients. In discussions with an RCN representative it has been agreed that it would be inappropriate to seek any changes to the CRC scheme because of possible developments which might make CRCs more easily used by such patients.

□ The Society is to establish a working party to consider the current and future

role of technicians in hospital and community pharmacy. The working party will consist of two members each from the Hospital Pharmacists Group Committee and the community pharmacy sub-committee of the Practice Committee, together with one technician to serve as an individual, nominated by the Association of Pharmacy Technicians.

□ The Education Committee discussed the question of oral communication in English, both within the degree course and during the period of preregistration experience, after a preregistration graduate had been found almost unable to communicate in spoken English. The Committee resolved to draw the case to the attention of the Society's working party on pharmaceutical education and training, the annual meeting of heads of schools, and the working group on preregistration experience.

□ The Society's research awards and allowances are to be increased by 4 per cent for 1983-84, to keep them in line with the awards of the Science and Engineering Research Council. The Society's awards will be increased from £2,880 to £2,995 for students attending establishments in London, and from £2,335 to £2,583 for those attending establishments outside London. Allowances will be increased by 4 per cent.

□ The Society is to welcome proposals from the Secondary Science Curriculum Review for broadening the science education programme for children aged 11 to 16 years provided there is a satisfactory number and standard of science teachers to implement the policy.

The Education Committee, considering a consultation document on the matter, agreed that a broader and balanced approach to science studies up to age 16 was generally desirable. It was agreed that a more co-ordinated approach, concentrating on principles rather than details, would provide a sounder base for A-level and degree studies, and reduce problems of early specialisation. The Committee noted that there would need to be some consequent restructuring of degree examinations, and the courses underpinning them. The Committee also accepted the view that the general educational implications of the proposals could in the long term improve the level of scientific literacy and the public's attitudes to scientific and technological activities.

□ It was reported that 37 exhibition stands at the British Pharmaceutical Conference exhibition had been reserved by 33 companies, compared with 32 stands by 25 companies at the same stage in 1982. The maximum number available is 42.

□ Mrs Stone reported that the Royal Society for the Prevention of Accidents was to hold a campaign, "Take age in your stride," in conjunction with Help the Aged, from October, 1983, to March, 1984. The aim was to make the elderly more aware of accident risks in the home. Posters, leaflets, etc., would be available

to pharmacists, and she felt it important that pharmacists were seen to participate in the campaign. In addition, Mrs Stone said that she would be leading a workshop session of "The pharmacist's role with the elderly" at the RoSPA Conference in November.

□ Mr J.P. Kerr and Mr W.H. Howarth, with appropriate members of staff, are to meet representatives of the British Homoeopathic Association to discuss the practice of ready-packed homoeopathic preparations being marketed for specific conditions.

□ An abstract of the Society's guidelines on pharmaceutical services in private hospitals would be included in the next Hospital Pharmacists Group newsletter, Council decided. Members of the group would be advised that copies of the full document, written by the Committee in liaison with the Association of Private Hospital Pharmacists, would be available on request. The Society is also to inform the National Association of Health Authorities of the Committee's comments on a proposed NAHA publication of guidance to health authorities on registration and inspection of nursing homes, and it is to be suggested that the Society guidelines could be included.

□ Mr John Hannam, MP, and Mr Gordon Oakes, MP, have been invited to continue as the Society's Parliamentary advisers for the life of the present Parliament.

□ The following academic pharmacists have been co-opted onto the education committee until July, 1984: Professor B.W. Barry, Dr F. Fish, Professor B.A. Hemsworth, Dr F. Newcombe, Professor R.T. Parfitt and Professor P.S.J. Spencer.

NHS prices update

The following reductions to basic NHS prices have been notified by manufacturers too late for inclusion in this week's Price Supplement. These are in response to the DHSS/ABPI agreement that prices be reduced by 2.5 per cent on average in the Government's current financial year. Price changes notified earlier appear in the Supplement.

Bio-Medical Services Ltd.

Brotlex syrup: 1 litre £5.80. Effective August 1.

Kirby-Warrick Pharmaceuticals Ltd.

Optimine: tablets 20 £0.96, 250 £10.59, syrup 120ml £0.96. Effective August 1.

Nordisk UK

Mixtard 30/70 10ml: 40u/ml £2.49, 80u/ml £4.91; 100u/ml £6.44. Intard 50/50 10ml: 40u/ml £2.49, 80u/ml £4.91; 100u/ml £6.44. Insulatard: 40u/ml £2.49, 80u/ml £4.91; 100u/ml £6.44. Velosulin 10ml: 40u/ml £2.44, 80u/ml £4.82; 100u/ml £6.32. Effective August 1.

Wyeth Laboratories

Aludrox: tablets 60, £0.96, SA suspension 500ml, £0.61. Apisate tablets 100, £1.81. Equagesic tablets 100, £1.72. Equanal tablets, 200mg 250s, £1.14, 400mg 250s, £1.73. Havapen tablets 100s, £6.21. Normison caps. 10mg 100s £4.88, 500s £19.50, 1000s £36.10; 20mg 100s £7.80, 500s £29.50. Pendural. OS 100ml, £1.08; drops 10ml, £1.18. Preglöl capsules 100s, £1.03. Prondol tablets. 15mg 100s £1.66; 30mg 100s, £3.27. Serenid forte capsules 100s, £1.81. Serenid D tablets: 10mg 100s, £1.61; 15mg 100s, £1.79. Sparine suspension: 150ml £0.92, 1l, £5.15. Sparine tablets: 25mg 250s, £1.87; 50mg 250s, £3.51; 100mg 250s, £6.88. Sparine injection 10 · 1ml £1.80; 10 · 2ml, £2.60. Zactrin tablets 100s £2.05. Oxran tablets 21s £0.23. Oxran 30 tablets 21, £0.32.

Dales' computer to hit back at the big wholesalers

An Essex wholesaler is launching its own low cost computer labeller which can also be used for stock ordering.

Dales, based in Basildon, serve Essex, North Kent, East London and parts of Surrey, and have introduced the computer as a means of combating inroads made by the larger national wholesalers.

The system, which uses the Epson HX20, will cost prospective customers £659, and that includes the mini-cassette drive for program loading, memory expansion box, label reel holder and carrying case. The price is lower than that of a similar unit recently offered on discount throughout the NPA, points out Dales director, Mr Kirit Patel.

"We are not trying to make money from the labeller," he said. "Our benefit will be from the ordering."

Last week Dales went on line with two new Mk 5 BCL computers, and although the computers are not yet run in, Mr Patel says they are ready to take orders via a

modem from an Epson unit. Ordering can be done using PIP code, which will be accepted by the mainframe. The system will not be fully operational for two months. Until then any out of stock lines will have to be phoned over, rather than notified back to the retailer's computer.

A list of 900 drugs is provided on the program, which can be accessed by a numeric or alpha-numeric code. Warning phrases can be amended by the user as required. An RX Epson printer can be provided as an option for £270. The computer will be guaranteed for a year, and a maintenance contract is available at £95 (more if using the external printer) a year thereafter. Lease and hire purchase terms are also available for those buying the machine.

Dales have 20 machines out on trial at the moment, and will be exhibiting the system at Chemex in September. Mr Patel says he will be approaching other small independent wholesalers and asking them to market it as well. He is also offering to refund customers' money if they are not satisfied with the machine within one month. *Dales (Southend) Ltd, 123 Pound Lane, Laindon, Basildon, Essex (telephone 0268 416226).*

PSGB 'keep up with computers' warning

If the professional benefits of computerisation are ignored within pharmacy and allowed to develop within the medical profession the role of the pharmacist would be diminished, a Pharmaceutical Society working party on computers in pharmacy has warned.

"If doctors were provided with patient registers, medication records and drug information with the ability to highlight contraindications, then the public benefit provided by the intervention of a pharmacist would be lost."

The working party says most of the emphasis on systems developing in pharmacy was on administrative benefits, such as book keeping, wages, stock control etc. However, an elaboration of the professional aspects would assist in maintaining and enlarging the future role of the pharmacist.

Much of the report deals with ways of producing and utilising pharmacy-generated patient records. Some 80 per cent of patients regularly present their prescriptions at the same pharmacy, the report says, and this being the case then records maintained by pharmacists could be more comprehensive than those produced by doctors, bearing in mind that around 20 per cent of all prescriptions are

never presented for dispensing.

The working party recommends that pharmacists should be encouraged to install computer equipment for administrative and professional purposes for the production of labels and the maintenance of patient records.

It suggests a pilot scheme should be established to ascertain the value of medication records. In the longer term patients should be provided with a medication card capable of being read and updated in the pharmacy. Consideration should be given to the holding of patient records at FPC level, and to allowing access by pharmacists.

Label system hopes for Acorn back-up

A Birmingham pharmacist has entered the computer label market with his own system based on the BBC micro with an Epson printer and a 9in monitor.

The system is arranged in a stacking "nest" and occupies only 17½ inches of desk width. The program is permanently loaded to protect against power failure, and is ready-loaded with 2,000 drugs. Twenty-five warnings are displayed automatically, and there are 16 preset antibiotic labels.

The labels offer eight lines of 40 characters which are automatically

centred vertically and horizontally. The printer is fitted with a reverse feed traction unit.

Mr D.P. Forrest, who developed the system with professional assistance, is hoping to get national distribution through the Acorn dealer network, who are already providing maintenance and a software updating service.

The system, six of which have sold so far, costs £1,300. Further details from *D.P. Forrest Ltd, 145 Hamstead Road, Great Barr, Birmingham B43 5BB.*

NEWS EXTRA

Seven Seas ad 'unacceptable'

The Code of Advertising Practice Committee found an advertisement from Seven Seas Health Care unacceptable following a complaint from Larkhall Laboratories.

Larkhall Laboratories challenged claims by the advertiser for the enhancing effects of ginseng on mental and physical functions, and the claims "ginseng appears to have no harmful side effects" in the light of research published in the *Journal of the American Medical Association*. The claims appeared in company literature.

The advertiser informed the committee that the literature was being revised. Submission of revised copy prior to publication was requested.

A complaint from Carnation Ltd against the American Quick Weight Loss Centre resulted in the Committee advising the advertiser that the contentious advertisement should be withdrawn.

Carnation challenged an advertisement for Maximum Loss capsules on the grounds that it made exaggerated claims for the product which were unacceptable under the Code of Advertising Practice.

■ An Order which comes into effect on August 25 enables the Health Service Commissioner for England to investigate complaints relating to the Rural Dispensing Committee or its officers. The Health Service Commissioner for England (Rural Dispensing Committee) Order 1983 (SI 1983 No 1115, HMSO £0.35) designates the RDC as an authority to which section 109 of the NHS Act 1977 applies.

Dylon parent buys Jackel in £1m cash deal

Arthur Guinness have sold Jackel International. Purchasers Mayborn Products — parent company to Dylon International — this week purchased the whole of Jackel's share capital in a cash deal worth some £1m.

While stressing that Mayborn are interested in Jackel as a whole, managing director Michael Samuel told *C&D* that it was their baby-care business which had particularly attracted attention. He says Jackel are currently "about breaking even," but expects the company to be showing a profit by Christmas.

Plans for the new acquisition are not yet finalised, but Jackel's staff and management are to be kept on, while manufacture will continue at existing premises.

Arthur Guinness have been consistent

over the last two years in saying they wished to concentrate more exclusively on brewing and brewing-related business — with the exception of their commitment to retailing operations such as R. Gordon Drummond. It was therefore felt that Jackel no longer fitted in with the group's body of activities.

□ Jackel executives at the company's Kitty Brewster Estate site have been somewhat baffled this week to receive phone calls expressing sympathy at the non-existent gutting of the premises by fire. Reports on Independent Television News, the local BBC radio station and in the local Press had mistaken unmarked premises adjacent to the Jackel plant for part of the company's set-up, hence the heartwarming — if misplaced — concern.

withdrawal of advertising produces (delayed) loss of business. *Nielsen Researcher 1983 No 2, To Spend or Not to Spend?*, available free from A.C. Nielsen Co Ltd, Nielsen House, Headington, Oxford OX3 9RX.

Advertising works — even in recession

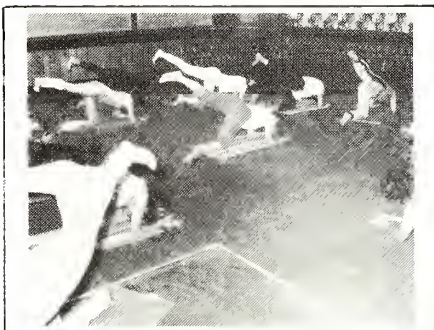
Nielsen's latest *Researcher* pamphlet concentrates on the potential advertiser's perennial dilemma: To spend or not to spend?

Looking at the effectiveness of advertising in a recession, Nielsen cite the case of two rival medicine brands suffering from the depressed Winter of 1981-82.

One increased price and maintained promotional activity, while the other held price steady at the cost of moving out of advertising.

The results were that a much lower rate of decline was seen on that brand which maintained its advertising, with volume sales falling by only 16 per cent compared to its rival's 29 per cent.

Another case study from the pharmaceutical market shows a "leading brand-name" medicine which began a withdrawal from advertising in 1980, resulting in a sales value decline of one-third over the following two years. Other instances examined in the booklet support the general conclusion that successful companies advertise heavily, and that



A sponsored one-legged contact lens hunt? Some strange Eastern prayer ritual perhaps? Wrong on both counts — it's just a group of energetic ladies from Unichem's head office who are currently devoting two lunchtimes a week to aerobics. Managing director Peter Dodd confesses he thought the classes would make the girls flake out in the afternoon, but has been forced to admit that exercise just seems to make them livelier! Which way is Mecca anyway?

Zomax return to US market?

Reports that Zomax might go back on the market in America with restrictions on its use were neither confirmed nor denied by UK distributors, Ortho-Cilag, this week.

A spokesman for the company said he did not want to give out any information yet because it might jeopardise the "very positive discussions" the company is having with the Department of Health and Committee on Safety of Medicines. Another full meeting with the CSM is scheduled for September.

A report in *General Practitioner* last week says that American manufacturers McNeil Pharmaceutical have submitted new data to the Food and Drug Administration said to support the drug's safety in chronic use.

The Ortho-Cilag spokesman said no significant changes have taken place since the UK withdrawal of Zomax in March (*C&D* March 12, p428).

NatWest warn of £1 coin lookalike

National Westminster Bank are warning British retailers to be on the lookout for a new 100 peseta Spanish coin which is "virtually the same weight, colour and size" as the £1 coin.

At this time of year, returning holidaymakers may be expected to bring a large number of these coins back with them to the UK.

The 100 peseta piece is worth about £0.45 at current rates of exchange but, like other foreign coins, cannot be redeemed for English money at the banks.

Sanofi in Japan

Sanofi SA of France are negotiating with two Japanese companies to sell Sanofi's drugs in Japan.

According to a report in *The Asian Wall Street Journal* Taisho-Sanofi Pharmaceutical Co will promote anti-cancer agents concentrating on sales to doctors and hospitals and Meiji-Sanofi Pharmaceutical Company will specialise in OTC drugs, especially those related to geriatric problems.

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Healthcare profits boost S&N growth

The Smith & Nephew group increased first-half profits by 27 per cent in the six months to June 18, with the pre-tax figure rising £4m to reach £19.015m. Sales for the period were up £19.664m at £151.58m — an improvement of 14.9 per cent. Reduced borrowings and lower rates of interest allowed the company to knock nearly £1m off its interest charges, now down to £1.955m.

Activity in the medical and healthcare division was high throughout the year, with almost all international markets contributing. British performance was a little better than last year's equivalent, but not dramatically so. The division as a

whole, however, is said to have achieved above average profit growth. Recent Government price cuts affecting pharmaceuticals are expected to hinder further advances in this division over the remainder of the year, but the hope is that this can be offset by increased exports.

Smith & Nephew's personal hygiene products have maintained their market share in overall terms, although margins remain under pressure — especially where towels are concerned. It has proved necessary to invest heavily on promotional activity in the interests of maintaining this share.

Investment has also had to be provided for the division's Birmingham factory, reorganisation of which it is hoped will allow personal hygiene business to resume growth in 1984. Toiletries performed well in the UK, with the good weather particularly boosting sales of Nivea.

sector.

The rate of inflation also fell sharply in the final quarter of 1982 helping real personal disposable incomes to recover. So much so that a spending growth rate of 1.5 per cent is anticipated for this year as a whole.

Previously rapid growth in the chemists' goods sector seems now to have come to a halt. *Prospects for consumer spending to 1983, Retail Business no 306, Economist Intelligence Unit, Spencer House, 27 St James's Place, London SW1A 1NT.*

of their project, the method and major time stages, and an estimate of costs. Applications must be received by October 31. Application forms from *Training Development Officer, DCT Retail Services Ltd, North Bar, Banbury.*

Retail sales

The Department of Industry's June retail sales index showed a year-on-year increase of 8 per cent to 176 for dispensing chemists (NHS receipts are excluded). This compares with a 10 per cent rise to 159 for all businesses.

COMING EVENTS

Advance information

Society for Drug Research, Chelsea College, Lightfoot Hall, Manresa Road, London SW3 on September 15 at 9.30am. Symposium on "Current Concepts in Ocular Therapy." Registration £10. Further details from Barbara Cavilla 01-581 8333.

UK Clinical Pharmacy Association, Freeman Hospital, Newcastle on September 28. Workshop on "Drug Literature Evaluation." Further details from Rob Swallow 0532 433144 ext 5210. Also, St James Hospital, Leeds, on November 23. Workshop on "Pathology Laboratory Data Interpretation" (pt1), covering acid-base balance, electrolytes and renal function. Further details Rob Swallow. Part 2 of this workshop will be held on November 30 at Derby Royal Infirmary, covering haematology, anticoagulation and liver function. Further details from Mike Cullen 0332 47141. Registration for all the above £15 (members), £25 (non-members).

Welsh Pharmaceutical Conference, Inn on the Avenue, Cardiff on October 8/9. October 8 7.30pm, conference dinner. October 9 at 9.30am, "The Pharmaceutical Profession and the Community: An Outside View." Speakers include Miss Caroline Wilson, director Taylor Nelson Medical and Michael Fallon MP. Afternoon session, "The Pharmacist in the

Community," starts 2pm. Speakers include Mr C.R. Hitchens, president Pharmaceutical Society and D.L. Williams, former chairman General Medical Services Committee (Wales). Further details from S. Southwell, PSGB, 1 Lambeth High Street.

Institute of Packaging, White House, University of Sussex, October 2-7. Residential course on "Pack Design and Development." Registration (inc full board) £411.70 (members) £465.55 (non-members). Full details from Education Officer, Institute of Packaging, 1A Elm Park, Stanmore, Middlesex HA7 4BZ.

British Distributors of Animal Medicines Association Ltd, 1983 conference, Hilton International, Stratford-upon-Avon, on October 28 at 9am. Speakers on the theme "It Pays to Belong" include G.E. Applebe, head of Pharmaceutical Society legal department. Single tickets from £20 (not including accommodation). Full details from H. Munro 0892 890853.

Cosmetic Toiletry & Perfumery Association Ltd, Centre Point, New Oxford Street, London WC1, on November 3. Management seminar on "Combating Counterfeiting." Topics include "An Update on European legislation." Registration £45 + VAT (members), £65 + VAT (non-members). Full details from Bryan Cassidy 01-491 8891.

Norfolk, Suffolk and Cambridgeshire Local Pharmaceutical Committees, The Maltings, Ely, Cambs. October 16, 10.30am. One day joint conference. Speakers include Mr A. Smith and Mr D. Coleman, PSNC, on "The Clothier regulations" and "Decisions of the Rural Dispensing Committee." In the afternoon Mr G. Applebe, head of the legal department PSGB, will speak on "The new Code of Ethics" and Mr Smith on "The Basic Practice Allowance (and other financial matters of interest relating to the NHS Pharmaceutical Services Contract).

APPOINTMENTS

Boardroom changes at Warner Lambert

Warner Lambert has announced a number of changes at boardroom level. John Telford Beasley (pictured), managing director and president for the UK, Ireland and "Commonwealth" Africa, has exchanged posts with Hector Graham, company president for France, North West Africa and the Middle East.

Edwin Buy, previously operations director, has been appointed export director, in succession to the retiring James Hamilton. Mr Buy's post is taken up by Colin Clarke, who retains also his existing responsibilities as director of the company's Parke-Davis factory in Pontypool.

■ **Wyeth Laboratories**: David Lane is appointed product manager with responsibility for the S-M-A range.

■ **Braun Electric (UK) Ltd**: Howard Marsh is appointed household goods and clocks product manager. He will also retain his dental care responsibilities.

■ **Stiefel Laboratories (UK) Ltd**: Robert Reynolds is appointed southern regional manager with effect from September 1.

■ **Celltech Ltd**: Nicol Holladay is appointed director of healthcare marketing. He was previously marketing manager (UK) with Syntex.

■ **Farley Health Products Ltd**: Barry Meacham, Barnard Castle factory manager with parent company Glaxo Operations for the past 4 years, is appointed production director.

■ **Boehringer Ingelheim Ltd**: Dr J.K. Dewhurst is appointed medical director, succeeding Dr P.A. Knowlson, who has been promoted to assistant managing director. Mr A.J. Williams becomes director of personnel.

■ **Institute of Packaging**. Colin Grimes, who has been deputy chief executive for the past two years, has taken over as chief executive, replacing Ron Watkins who has retired after 21 years' service to the Institute. Bill Hutchinson has been appointed deputy chief executive with special responsibility for education. John Herlihy becomes membership and recruitment officer, and Mary Hatton is the new public relations officer. Mike Starbuck is appointed company accountant / secretary.



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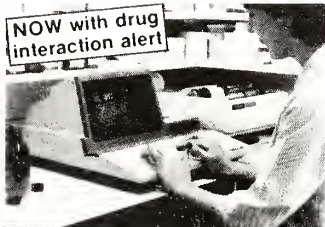
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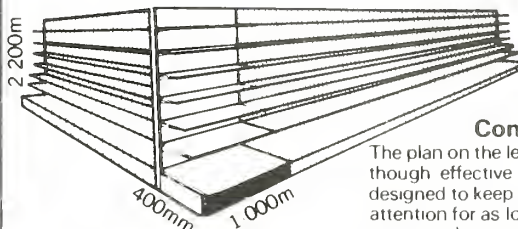
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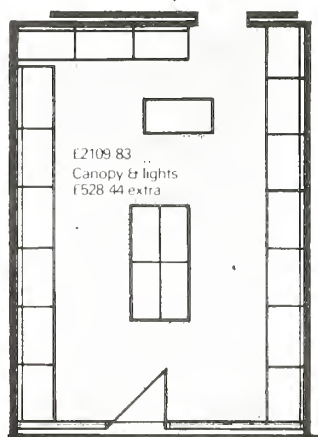
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